

## 2024 Wilmette Lakefront Season Pass Application

Name (last) \_\_\_\_\_ (Please Print) (first) \_\_\_\_\_ (Please Print)  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (Home/Emergency): \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Gillson Beach Parking Decal

☐ Resident Number of Decals \_\_\_\_\_ Total Decal Fee: \$ \_\_\_\_\_  
☐ Non-Resident Number of Decals \_\_\_\_\_ Total Decal Fee: \$ \_\_\_\_\_

### Beach Season Pass Options:

#### Check Option:

Individual Pass ☐ Additional Person ☐  
2-Person ☐ Senior (resident, 65+) ☐  
3-Person ☐ Childcare Provider ☐  
4-Person ☐ (employed by Wilmette  
resident)  
5-Person ☐

Total Fee: \$ \_\_\_\_\_

Passes issued to: Name (First, Last)

Gender

Birthdate

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

*A family consists of up to two adults and dependent children through the age of 23 who reside at the same address.*

*I declare the above information to be true and correct. I understand that passes are non-transferable and non-refundable. I will provide proof of age and residency upon request. I agree to abide by all rules and present my pass when entering the facility. I have read and fully understand the waiver and release of all claims and assumption of risk on the other side of this form.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment may be made by check payable to Wilmette Park District or by Credit Card.**

**Method of Payment:** (Circle one) Cash Check Discover Visa MasterCard

Credit Card # \_\_\_\_\_ CVS Code \_\_\_\_\_

Exp Date: \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Parking Decal:	\$ _____
Beach Pass:	\$ _____
Guest Pass Book-Res Only:	\$ _____
<b>Total Amount Due:</b>	<b>\$ _____</b>

Mail or Fax to: **Wilmette Park District, Administrative Office**  
**1200 Wilmette Ave., Wilmette, IL 60091**  
**Fax: 847-256-0739 / Phone: 847-256-6100**

